

OFFICE USE ONLY

LICENSE # _____

ISSUE DATE _____

EXPIRES _____

**DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION****MASSEUSE
OR
MASSEUR
REGISTRATION**THE CITY OF
COLUMBUS
MICHAEL B. COLEMAN, MAYORDEPARTMENT OF
PUBLIC SAFETY

() New () Renewal

APPLICANT INFORMATION

Full Name:		State of Ohio Vendor's License:	
Self Employed: YES NO		Employer:	
Date of birth:	SSN:	Federal ID:	
Current address:			
City:	State:	Zip Code:	
Phone Number:		Cell Phone:	
Email:			
Ohio Driver's License Number:		Expiration Date:	
Sex: M F	Race:	Height:	Weight: Hair: Eyes:
Are you a U.S. citizen?	YES NO	Place of Birth:	
Are you a legal alien?	YES NO	Alien Registration #	
If born outside of the U.S., proof of citizenship or alien registration card must be submitted.			
Have you had a City of Columbus license and/or permit revoked, suspended or refused within the last three (3) years? YES NO			
If yes, please explain:			
Have you ever been convicted of a felony? YES NO			
List all felony convictions in the United States over the past seven (7) years. IF NONE, WRITE "NONE"			
Are you on felony probation or parole? YES NO		If yes, date began:	
Have you ever been required to register as a sexual offender? YES NO		If yes, date began:	

Location Administering Massage:

Are you addicted to intoxicating liquors or drugs? **YES** **NO**

Do you agree to conform to and abide by all the Rules and regulations of Columbus City Code 540, Massage & Bath Establishment? **YES** **NO**

STOP HERE - BELOW WILL BE COMPLETED BY OFFICE STAFF

OFFICE USE ONLY

COPY OF DRIVER'S LICENSE OR GOVERNMENT ISSUED I.D.

☐

BCI RECORD CHECK

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PHOTO

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ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN DENIAL OR FUTURE REVOCATION OF THIS LICENSE, AS WELL AS CRIMINAL PROSECUTION UNDER CHAPTER 2321.13(A-3), (A-5), COLUMBUS CITY CODE 501 AND 540.

State of Ohio, County of Franklin

_____, Being duly sworn, deposes and says
(Print Applicant Name)

he/she is the individual making the foregoing application; that he/she is knowledgeable with respect to that which is to be licensed; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief.

(Applicant Signature)

DO NOT DATE

Swore to before me and subscribed in my presence this _____ day of _____, 20_____

Notary or Agent of Director of Public Safety
MUST BE SIGNED, DATED and NOTARIZED